

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560623

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
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44				1		
45		1				
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			1			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53				1		
54				1		
55				1		
56				1		
57				1		
58				1		
59				1		
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97						
98						
99						
100						
TOTAL IND.			14			
TOTAL DEP.			57			
TOTAL CLAIMS			71			